District or Township City 2. Full name of child 6. Legitimate? 4. Twin, triplet or other ... 3. Sex of Child To be answered ONLY in event of plural male S A rand. must be made to 5. No., in order of birth. births. Full maiden nama Louve Marie Thurnes Full name 9. Residence (Usual place of abode) 15 Residence (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16 Color or race 10. Color or race W hite 11. Age at last birthday 56 SEPARA' 18. Birthplace (city or place) 12. Birthplace (city or place) (State or country) (State or country) ಡ 19. Occupation 13. Occupation Nature of industry Nature of industry 20. Number of children of this mother... (a) Born alive and now living (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was: *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillbotn child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report... Month, day, year

745-908-332

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

If child is not yet named, make supplemental report, as directed. 17. Age at last birthday 33 (Years) 21. Were precautions taken against oph-thalmia neonatorum? yes. m, on the date above stated (Physician oz-midwi(c).

Registrar

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